



NEWS RELEASE

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Report Reveals Most Adults Aren't Screened for Colorectal Cancer

(Salt Lake City, UT) - A recent Utah Department of Health (UDOH) report shows that less than one third (31%) of Utah adults 50 and older were screened for colon cancer within the past five years despite clear scientific evidence that early detection and treatment decrease cancer-related deaths. This is not good news since colorectal cancer is the second most common cause of cancer-related death, after lung cancer, in Utah and in the United States.

Nationally, the percentage of older adults having sigmoidoscopy and colonoscopy, examinations of the rectum and lower digestive tract, rose from 29 percent in 1993 to 34 percent in 1999. A similar increase did not occur in Utah according to the UDOH study. The report also showed Utah women were less likely to be screened within the past five years compared to Utah men. In addition, only about 15 percent of older Utahns reported having an annual fecal occult blood test (FOBT)—a test for hidden blood in the stool—within the past year.

Screening tests can reduce the number of deaths from colorectal cancer in two ways. First, pre-cancerous polyps can be found and removed. Second, colorectal cancer can be detected early when it is most treatable. When diagnosed early, 90 percent of patients survive at least five years. However, when colorectal cancer is diagnosed at later stages, the percentage of patients who survive at least five years is much lower — 35 percent to 60 percent for disease affecting the lymph nodes and eight percent for disease that has spread beyond the colon. In Utah, more than 50 percent of new cases of colorectal cancer are diagnosed at a later stage of disease.

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Several scientific organizations recommend that routine screening for colorectal cancer begin at age 50 for adults at average risk. Persons at high risk may need to begin sooner. Routine screening can include either annual FOBT and/or flexible sigmoidoscopy every five years, or colonoscopy every 10 years, or double-contrast barium enema every five to ten years. The National Cancer Institute advises individuals to discuss risk factors and screening options with their health care provider. Medicare and many insurance plans now help pay for colorectal cancer screening.

Colorectal cancer risk increases with older age, inflammatory bowel disease, a personal or family history of colorectal cancer or polyps, and certain hereditary syndromes. A diet high in fat and low in fiber, lack of regular physical activity, and smoking are also thought to increase risk. A diet high in fruits and vegetables, hormone replacement therapy in post-menopausal women and aspirin use may reduce colorectal cancer risk.

Efforts are underway to increase awareness about colorectal cancer and to promote regular screening. The Utah Comprehensive Cancer Control Initiative, American Cancer Society and others are working together with the Utah Colorectal Cancer Task Force to hold a Summit in April 2002, entitled Dialogue for Action: Impacting Colorectal Cancer in Utah. According to Task Force Chair Dr. Edward J. Eyring, "By promoting screening awareness, we hope to empower the individual to request proper screening by their physicians and the insurance industry."

In addition, statewide comprehensive cancer planning has been ongoing since May 2000. Many individuals and organizations are participating in this initiative to enhance Utah's capacity to address cancer-related issues, including screening for colorectal cancer.

According to Kathryn Rowley, Director of the Utah Department of Health's Cancer Control Program, "This process will allow us to share knowledge, experience and resources in order to address colorectal and other cancer issues more effectively."

For more information call 1-800-717-1811 or go to: www.utahcancer.org